

## NURSING HOME RESIDENTS' RIGHTS COMPLAINT REPORT

Section 50.09 of the Wisconsin Statutes establishes the rights of residents in nursing homes and requires all facilities to establish a system of reviewing complaints and allegations of violations of residents' rights under section 50.09(6), Wis. Stats. The Statute requires the facility to summarize complaints or allegations of violations of residents' rights and to report this information to the Department of Health and Family Services per s. 50.03(4)(c)(2), Wis. Stats. Failure to provide residents' rights information may result in revocation of your license under section 50.03(4)(c)2., Wis. Stats. Personal information reported to the Department is collected to comply with s. 50.09(6)(d) Wis. Stats., and will be used for no other purpose.

**This report must be submitted with the license application for a new facility or change of ownership and the annual report for a continuing facility.**

Name of Facility		License Number
Address		
City	Zip Code	Telephone Number

Include with this report, complaints or allegations of violations of rights (verbal or written) not previously submitted to the Bureau of Quality Assurance. Attach a statement or statements summarizing each complaint or allegation of violation of rights, established under section 50.09, Wis. Stats., registered at your facility. **NOTE: DO NOT REPORT STAFF-TO-RESIDENT INCIDENTS THAT HAVE ALREADY BEEN REPORTED TO THE BUREAU OF QUALITY ASSURANCE (BQA NUMBERED MEMO 99-064)**

Section 50.09(6)(d), Wis. Stats., requires submission of a statement (sample report attached) that includes a description of the complaint or violation of rights and contains the following:

1. Original date of the report;
2. Date or approximate date of the incident;
3. Date or estimated date of disposition;
4. Full name of person or persons initiating the complaint or allegation of violation;
5. Full names of residents involved;
6. Full names of witnesses and informants; and
7. Disposition of the matter.

Have you enclosed summary statements for review? ☐ No ☐ Yes If YES, how many?

### THIS FORM MUST BE RETURNED TO THE ADDRESS BELOW

**If you are enclosing summary statements, return the original of this form with one copy, and enclose two copies of the summary statements. Keep a copy of this form and a copy of all statements on file at your facility.**

Division of Disability and Elder Services  
Bureau of Quality Assurance  
Provider Regulation and Quality Improvement Section  
P.O. Box 2969  
Madison WI 53701-2969

If you have any questions about completing this requirement,  
please contact your Bureau of Quality Assurance Regional Field Operations Director.

SAMPLE RESIDENTS' RIGHTS COMPLAINT REPORT

A report on the rights of residents  
Section 50.09(6)(d), Wis. Stats.

Name of Facility	Telephone
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Address	City	Zip
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FULL NAMES OF PERSONS INITIATING THE COMPLAINT, AND RELATIONSHIP TO RESIDENT


FULL NAMES OF RESIDENTS INVOLVED IN INCIDENT


FULL NAMES OF INFORMANTS OR WITNESSES OTHER THAN THOSE LISTED ABOVE


GIVE A BRIEF DESCRIPTION OF THE INCIDENT (INCLUDE DATE AND TIME OF DAY).  
DESCRIBE THE DISPOSITION OF THE MATTER AND THE DATE OF DISPOSITION

Signature	Title	Date
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